

**RSVP INSURANCE ENROLLMENT FOR VOLUNTEERS
AGE 55 AND OVER**

I, _____, understand I am entitled to the insurance coverage as specified in the Volunteers Guide - Accident and Liability Insurance for the National Senior Service Corps once I volunteer my services through the Montgomery County RSVP Program.

Volunteer's Signature

Signature of Program Director

Date

Date

**DESIGNATION OF BENEFICIARY
(For RSVP Accident Insurance)**

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Automobile Liability Insurance

I, _____, understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum limits required by our state.

Signature

Driver's License Number: _____

**OFFICES OF THE COUNTY EXECUTIVE
Montgomery County Volunteer Center
RSVP – Responding to the Call to Serve
401 Hungerford Drive, 1st Floor
Rockville, Maryland 20850
240-777-2610**